



**CONFLICT OF INTEREST DISCLOSURE:  
FOR CITY OF FORT WORTH PROGRAMS ONLY**

**The assistance you are applying for is funded using Housing and Urban Development (HUD) funds and because of this our office is requesting the following information in order to comply with the funding requirements. Please complete this form to the best of your ability, sign it, and return it to this Agency at your earliest convenience.**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS (if applicable) \_\_\_\_\_

1. Are you employed by the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1a. If yes, by which Department and Division:		
2. Were you employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2a. If yes, by which Department and Division:		
3. Are any members of your immediate family currently employed by the City of Fort Worth? <i>("Immediate Family" includes (whether by blood or adoption): the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3a. If yes, please provide relative's name(s), Department(s), and Division(s):		
4. If No, were any members of your immediate family employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4a. If yes, please provide relative's name(s), previous Department(s), and Division(s):		
5. Are you an elected or appointed official, or agent or consultant, of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5a. If yes, by which Department and Division:		
6. Are any immediate family members an elected or appointed official, or agent or consultant of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6a. If yes, please provide relative's name(s), Department(s), and Division(s):		

**Certification:** I understand and agree that the City may/will contact the City of Fort Worth department including all supervisors in order to determine whether any of these persons' employment or official functions are or were related to the City's use of federal grant funds and whether federal funds can be provided. **I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.**

**WARNING:** TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

\_\_\_\_\_  
Applicant/Prospective Applicant Signature

\_\_\_\_\_  
Date

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**For City Staff Only:** Once this form is completed and if "Yes" is marked on any of the above questions, please return it to your Compliance Specialist as soon as possible for processing. If you have any questions, please contact Barbara Asbury, Grants Manager, Compliance Division, at 817-392-7331, or Charletta Moaning, Sr. Contract Compliance Specialist, at 817-392-7333 or at [charletta.moaning@fortworthgov.org](mailto:charletta.moaning@fortworthgov.org).